

LAW FIRM TRAVEL VOUCHER

1. Name of Traveler (Last, First, MI)		2. Home Office		3. Federal Tax ID		4. Invoice Number	
5. Residence (City and State)		6. Law Firm Name		7. Matter No.:			
9. Date	10. NATURE OF EXPENSE (Departure/Arrival Times are Required for Per Diem Payment)		AMOUNTS CLAIMED				
		11. Mileage	12. Per Diem	13. Lodging	14. Air Fare	15. Car Rental	16. Other
17. <input type="checkbox"/> CONTINUATION SHEET(Subtotals brought forward)							
18. TOTALS							
19. CERTIFIED CORRECT (Traveler's Signature)				Date Signed		20. TOTAL REIMBURSEMENT	

21. PRIVACY ACT CERTIFICATION

The Financial Institutions Reform, Recovery and Enforcement Act of 1989, 12 U.S.C. Sec. 1441a, provides the authority to solicit the requested information, except for Social Security Number which is solicited under the authority of Executive Order 9397. The primary use of this information is to examine and approve reimbursement for expenses incurred on authorized travel by FDIC contractors. The information on this form may be disclosed to the General Accounting Office in connection with periodic audits, to Federal or State agencies charged with enforcing or implementing a statute, rule or regulation when it appears there may have been a violation of that statute, rule or regulation. Information on this form may also be disclosed as set forth in the routine uses in the FDIC's Financial Information System of records. Providing the information is voluntary; however, failure to provide all the requested information may result in suspension or disallowance of your travel expense claim.

22. CERTIFICATION

I certify that I have examined this travel voucher and to the best of my knowledge and belief all costs claimed are allowable in accordance with FDIC travel regulations. Costs claimed here have not been previously billed to FDIC, unless identified as a resubmission.

FDIC Name/Title	Signature	Date
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*Continuation of Items 9 through 16 on the Front of This Form:*

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<i>Continuation Totals – This Page Only</i>						
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